# APPLICATION BY RELATIVE
# FOR ARMED SERVICE ABSENT VOTER BALLOT
R.C. 3511.02(C)

I, _____, residing at _____
<div align="center">(Printed name of relative)          (Street and number, or rural route number)</div>

_____ hereby apply to have Armed Service Absent
<div align="center">(City or Village, State and Zip code)</div>

Ballot mailed to _____, a qualified elector who is serving in the
<div align="center">(Name of Armed Services Voter)</div>

Armed Forces of the United States or is absent from Ohio for the purpose of being with or near his/her spouse or parent who is serving in the Armed Forces. His/her voting residence is:

_____, _____, Ohio, _____.
<div align="center">(Street and Number, or Rural Route Number)    (City or Village)     (Zip code)</div>

He/she has resided at that residence for _____, immediately preceding the
<div align="center">(Length of time)</div>

commencement of his/her service or the date of leaving to be with or near a service member spouse or parent.

I am the _____ of the person to whom the ballots are to be sent.
<div align="center">(Relationship to armed services voter)</div>

**You must provide the armed services voter's birthdate:** _____/_____/_____ *and* **one of the following:**
<div align="center">                 month   day   year</div>

5 His/her Ohio driver's license number _____, **or**
5 The last four digits of his/her social security number _____, **or**
5 Copy of a current and valid photo identification, a current utility bill, bank statement, government check, paycheck or other government document that shows the name and home address of the armed services voter.

**The armed services member wishes to vote in the following election to be held on** _____.
<div align="right">(Date of Election)</div>

**Check one**:
1. Primary Election       2. 5 General Election
 5 Democratic
 5 Republican        3. 5 Special Election
 5 Nonpartisan or issues only

**Mail the Ballots to**:          **Fax Ballots to**:

_____  _____
                   Area Code       Fax Number

_____

_____

_____

**I declare, under penalty of election falsification, the above statements are true, to the best of my knowledge and belief. I understand that if I do not provide the requested information, this application cannot be processed.**

X_____  _____
<div align="center">**SIGNATURE OF RELATIVE**         **Date Signed**</div>

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**